

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/30/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERWALK COMMUNITIES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 SE SIXTH ST</b> <b>EVANSVILLE, IN 47713</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00206821 and IN00207242.</p> <p>Complaint Number IN00206821 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint Number IN00207242 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: August 24 &amp; 30, 2016</p> <p>Facility number: 011274 Provider number: 011274 AIM number: N/A</p> <p>Census bed type: Residential: 101 Total: 101</p> <p>Residential Sample: 9</p> <p>Riverwalk Communities was found to be in compliance with 410 IAC 16.2-5. in regards to the Investigation of Complaints IN00206821 and IN00207242.</p> <p>QR was completed by 99993 on 09/01/16.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE